

OFFICE OF THE INSPECTOR GENERAL

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SNAPSHOT INSPECTION

WESTERN STATE HOSPITAL

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INSPECTOR GENERAL

OIG REPORT # 57-02

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Western State Hospital in Staunton, Virginia on March 7, 2002. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three quality of care areas. The areas are as follows: the general conditions of the facility, staffing patterns and concerns, and the activity of patients.

Three secondary inspections have been conducted at this facility by the OIG since 1999. Western State Hospital is the only facility currently under review by the Department of Justice for alleged Civil Rights for Institutionalized Persons Act violations.

A summary of findings from this inspection includes that overall the facility was clean and well maintained. There was a notable contrast in the environments in Building C, which had been recently renovated and the other buildings toured. Security's presence on campus was noted throughout the inspection.

Staffing patterns were adequate to meet the basic care and treatment needs of the patients except for the Medical Center, which was not sufficient to provide any evening activities for the patients. A variety of active treatment options were available to non-medical center patients depending upon their psychiatric and medical stability. Coordination of treatment between the residential units and the Stribling Building presents a challenge for staff.

Facility: Western State Hospital
Staunton, Virginia

Date: March 7, 2002

Type of Inspection: Snapshot Inspection / Unannounced

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Purpose of the Inspection: To conduct an inspection of the general environmental conditions, staffing patterns and activities of the patients.

Sources of Information: Interviews were conducted with administrative, clinical and direct care staff. Interactions with patients occurred during both evening and day shifts. Documentation reviews, included but was not limited to; patient(s) clinical records, staff schedule sheets, program descriptions and activity/program schedules. Activities and staff/patient interactions were observed during a tour of selected programming and residential areas in the facility.

GENERAL ENVIRONMENTAL ISSUES

Finding 1.1: Overall the facility was clean and well maintained.

Background: Members of the OIG completed tours of the Admission Building, Unit B6, the Stribling Building, the Medical Center and Building C. It was noted throughout the tours of both the programming and residential units that the areas were clean and well maintained. Furniture was designed primarily for function rather than comfort or aesthetic appeal. Grouping of furniture is arranged to facilitate interactions among the patients. Although the Admission Building and Unit B6 the spaces were very institutional in appearance, the common areas were decorated with borders, plants and pictures in an effort to appear less institutional. The bedroom areas are relatively small and furnished with only a bed and wardrobe. Individual's personal items were not noted.

The temperature in the Admission Building was warm but staff explained that it has been extremely difficult to maintain a seasonably appropriate temperature because of the fluctuations in the weather. Staff related that they encouraged patients to dress according to their personal preferences, assuring that adequate clothing options were available. Interviews with three patients confirmed that staff assisted them in securing clothing that was seasonally appropriate.

Recommendation: Continue efforts to make this very institutional setting more comfortable.

Finding 1.2: There was a notable environmental contrast between the newly renovated Building C and the other toured living units.

Background: A tour was conducted of the four units in Building C. The staff indicated that teams had moved back to the units in early February following a complete renovation of the building. This building was painted with accents of color, utilized soft lighting, and integrated artwork throughout the living areas. Bathrooms were spacious, designed for wheelchair access and highlighted with multiple colored tiles. The nursing station was positioned between the two dayroom areas providing accessibility. The visitors' room was furnished with comfortable furnishing, carpeting, plants, and framed artwork.

The contrast with the Admission Building was significant. The Admission Building had brown tiled walls, which gave a dingy appearance. The lighting was harsh and mainly fluorescent. Bathrooms were smaller, plain and less attractive. Nursing stations were located adjacent to the dayroom areas and were limited in visibility and accessibility. Rooms designated for family visits were plain, had tiled floors and were unappealing. One additional drawback in the design of the Admissions Units as described by both staff and patients is that there are limited options for movement off the living unit. This was a particular concern as the dining area is included in the dayroom, which means, as many as 25 patients are confined to a very limited space throughout their initial or acute phase of hospitalization, or approximately three weeks. As staff noted, this is usually the time when patients are unstable and have fewer coping skills for tolerating this degree of stimulation from others. The team also toured the Deaf Unit, which had a similar institutional appearance including green tiled walls, long dark corridors and old-fashioned TV rooms.

The Medical Center, which serves the more medically involved psychiatric patients, provides an additional contrast. The nurses' station is located for increased access to the four ICU rooms and provides for some visibility of the bedroom hallways. The bedrooms are divided into "socials" with pony walls. These half-walls are designed to provide staff with increased visibility but limits patient privacy. The environment was plain with no decorations and harshly lit. The bathrooms were spacious and clean but unattractive.

Recommendation: It is recognized that options for renovations are limited due to budget constraints. Consider options for using a variety of colors and lighting to enhance the attractiveness of the older buildings. Consider making the visitors rooms less institutional and more comfortable.

Finding 1.3: Coordinating the logistics of the treatment activities for the patients who go to the treatment mall from a residential unit one or more times a day is challenging.

Background: The Stribling Building, which contains two psychosocial programs and is the facility site for the majority of its active treatment services, is in a large, two story building at the far side of campus. This is useful for patients by fostering a sense of separateness from the living units in that it resembles leaving home in the morning and going out into the community for work or other activities. The building is large and well equipped with a variety of spaces for instruction and training activities.

Since it is relatively remote and emphasizes independent functioning for patients however, it also faces a dilemma with regard to keeping track of 163 individuals with varying levels of stability, from numerous different units. It was reported that on a regular basis, weekly, patients are “missing”, from the program for some period of time. This is determined through an elaborate head count system whereby staff, using walkie-talkies at each program break, communicate the presence and absence of patients expected in each specific group. If someone turns up missing the Stribling staff widen the search by contacting the patients living unit, reviewing the schedule for appointments that might not have been communicated, and in rare cases alerting security. This issue underscores the critical importance of clear communication between unit and psychosocial staff, which, while improving, is still reported to be inconsistent. It was suggested that one possible solution would include increased participation in the Stribling program by the nursing coordinators and unit assistant directors, since these are the individuals responsible for patient care coordination.

Recommendation: Staff should explore methods for streamlining communication and care of patients that continues to foster independent functioning, but also reduces risk to patient safety and facility liability.

STAFFING ISSUES

Finding 2.1: Staffing patterns were adequate to meet the care and treatment needs of the residents.

Background: Staffing patterns for the following units during the inspection, which spanned two shifts were:

A1: 21 patients to 2 RNs, 1 LPN and 4 DSAs

A2: 25 patients to 2 RNs, 1 LPN and 5 DSAs

B1: 22 patients to 2 RNs, 1 PPN and 5 DSAs

B2: 17 patients to 2 RNs, 1 LPN and 3 DSAs

Evening Shift-

B6: 18 patients to 1 RN, 1 LPN and 3 DSAs

C1&2: 21 patients to 2 RNs, 1 LPN and 5 DSAs

C5&6: 20 patients to 1 RN, 1 PPN, and 3 DSAs

(DSA = Direct Service Associate)

Recommendation: Continue to provide the level of staffing necessary for addressing both the care and treatment needs of patients.

Finding 2.2: Staff was knowledgeable regarding issues associated with abuse and neglect, patient care and treatment needs.

Background: Structured interviews were conducted with six staff members. These interviews demonstrated that staff was able to provide appropriate examples of abuse and neglect situations and were aware of the reporting process for abuse and neglect as defined by the facility policy. There was a good awareness by all staff interviewed of the facility's possible courses of action if found that there were any staff members that were aware of abuse or neglect situations but failed to report.

Recommendation: Continue to provide the level of training that facilitates staff awareness of abuse and neglect.

Finding 2.3: The presence of security on the campus was noted throughout the inspection.

Background: Members of the inspection team noted that security officers were patrolling the campus throughout the inspection process. Their duties include maintaining the security of the hospital parameter; observe traffic patterns and ticket violators, and overall campus safety. Staff related that security officers are trained to provide support in a variety of situations. WSH security provides coverage for CCCA as well.

Recommendation: Maintain this level of presence on campus.

Finding 2.4: In the Stribling psychosocial programs, there is no direct participation of members of the social work department and minimal involvement of the psychiatrists.

Background: Review of the printed weekly schedule, interviews with four staff and three patients and observations during the tour of the program revealed that there is no "hands on" instruction by members of the social work department and minimal involvement of the psychiatrists in the active treatment mall in Stribling. This is a departure from the multi-disciplinary model of treatment used elsewhere in this facility. The absence of social workers is noticeable since two of the five main program subjects are community living and social skills training, areas of treatment in which social workers traditionally have particular proficiency. On the day of the inspection there were 69 different groups offered throughout the day covering community living, leisure skills, cognitive remediation, social skills and psychiatric/medical. This is representative of the typical

day, as evidenced by review of the weekly schedule. The nursing and rehabilitation staff, facilitate the majority of these with significant involvement from psychology staff.

Recommendation: Review the present complement of staff involved with the Stribling program. Consider the role of social worker and psychiatric staff to further enhance this program.

Finding 2.5: Facility administration is developing a plan to make routine medical care available in the actual psychosocial treatment mall so as to minimize disruption to treatment.

Background: It was reported that the medical staff, which do make rounds, do not visit patients in the Stribling Building at this time, even though there is an exam room on the premises. This requires some disruption for patients, staff and programming, since increased coordination of appointments and transportation off site can be time consuming. Interviews with the facility director and medical director revealed that there are plans to initiate rounds in the Stribling Building in order to enhance care coordination.

Recommendation: Incorporate this service as planned.

ACTIVITY OF PATIENTS

Finding 3.1: Patients are provided with a variety of active treatment options depending upon their psychiatric and medical stability.

Background: Members of the OIG inspection team visited the Stribling Building. This program (treatment mall), which started four years ago, is the primary location for psychosocial programming at Western State Hospital. The building contains two active treatment areas, the patient library, a canteen and gameroom. There is an “open mall” on the first floor, which offers an array of educational and skill building opportunities and focuses on the rehabilitation of long-term patients. It currently operates with an average daily census of 137 patients. Upstairs is a locked programming area, called the Barber Mall that provided services for 26 patients on the day of the inspection.

Teams members also were informed about the Harvest Mall, located in the Admission Building and the 1st Step Mall housed in Building C. Active treatment programming is also available for the forensic population served in the Admission Building on Unit B2.

The Harvest Mall is designed to meet the active treatment needs for the acute admissions units. The active treatment activities are more structured and of shorter duration than those offered in the Stribling Building. Patients who are identified for involvement in the

programming on the forensic unit may attend sessions there. This would include a focus on issues associated with anger management and substance abuse for example. The 1st Step programming is designed to encourage participation in treatment for those patients less motivated and experiencing difficulty becoming actively engaged in their own treatment process. These sessions are typically shorter in duration than other treatment settings.

Staff expressed concern that patients in the Medical Center were unengaged. Staff explained that there were not activities available for the patients during the early evening hours. Staffing patterns for this unit do not allow for activities beyond the basic care of the patients. Three patients were noted roaming the halls and inquired whether members of our team could help get a game of Bingo going for them. Staffing patterns for the medical center during the evening tour were: 17 patients to 2 RNs and 3 DSAs.

Active treatment programming in all of these settings occur from 9:30 am to 2:45 pm Monday through Friday. Evening and weekend programs are available for patients in Building C, B and the Admission Building.

Recommendation: Continue to provide a variety of treatment options for the patients needs. Consider a mechanism for evening activities to be available to the patients on the Medical Center.